

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024976

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 106

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
1 0570						
2 0920						
3						
4 0						
5 0						
6						
7 0						
8 3						
9 1						
10						
11 092						
12 1-3						
13 10						
USE BLACK INK OR TYPEWRITER RIBBON	ITEM NO.	SHOULD READ				

1. PLACE OF DEATH a. COUNTY Lincoln		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Charles	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bedford Twshp.		c. CITY OR TOWN OFallon RR 1 Box 396	
Length of stay in 1b 17 Hrs.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lincoln Co. Memorial Hospital		d. STREET ADDRESS (If outside, give location) RR 1	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Bernard Gentry Jr.		4. DATE OF DEATH Month Day Year June 28 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/8/1945
9. AGE (last birthday) 18		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Interior Decorator St. Louis, Mo.	
11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Clarence B. Gentry Sr.		13b. MOTHER'S MAIDEN NAME Anna Belle Causland	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Clarence B. Gentry-OFallon RR 1, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEEP Mid-brain Laceration. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 18 hrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Intoxant injuries		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Automobile Accident	
20c. TIME OF INJURY Hour 10:10 p.m. Month, Day, Year Jun 28 1963			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road	20f. CITY, TOWN, OR LOCATION COUNTY STATE Guthrie Road St. Charles Mo.	
21. I attended the deceased from _____ to _____ and last saw her alive on June 28 Death occurred at 4:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Joseph E. Marsh Jr. Coroner of Lincoln Co.		22b. ADDRESS Troy, Mo	
22c. DATE SIGNED 7-5-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/1/1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery	23d. LOCATION (City, town, or county) (State) OFallon, Missouri
24. FUNERAL DIRECTOR T.E. Pitman Funeral Home		25. DATE RECD. BY LOCAL REG. 7-5-1963	
26. REGISTRAR'S SIGNATURE Charlotte Leek			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Carlton J. Pitman

Licensed Embalmer No.

4974

P. O. Address

Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.